Name in Full #5-499

Certificate of Death

Sallie A. P. Bourne

Died at Town: Jessup County: Anne Arundel MARYLAND

Date 1899 Month: 9 Day: 6 | Age Y. 70 M. 11 D. 24 | Native of Maryland | Occupation ~~~

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Husband of~~ ~~Wife~~

Number of children living Five

Father's Name John P. Wailes

Mother's Name Mary H. Wailes

Cause of Death: Primary Senile Debility

Immediate Exhaustion

How long sick Two Weeks

Accident, Suicide, Homicide

Reported by R. A. Hammond M. D.

Address Jessup. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Edward Brice

Certificate of Death

Died at Town: Annapolis County: A A MARYLAND

Date 1899 Month: Sept Day: 30th

Age Y. 1 M. D. 28

Native of

Occupation

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name 7

Mother's Name Adelle Brice

Cause of Death — Primary: Pertussis + — How long sick: Ten days

Immediate: Intermittent Fever — Accident, Suicide, Homicide

Reported by John Ridout M D

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER OVER

LIBRARY BUREAU, 79598

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Read for record
Oct 5th 99

Name in Full Virgil Bischhead

Certificate of Death

Died at Town Galesville County Anne Arundel MARYLAND

Date 1899 Month 9 Day 22 Age Y. 45 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Typhoid fever How long sick

Immediate Accident, Suicide, Homicide

Reported by Calvert ~~Gazette~~ Gazette 9-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Capt. Jas. H. Bullen

Certificate of Death

Died at Town Shady Side County A. A. MARYLAND

Date 189 9 Month 5 Day | Age Y. 84 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediata | Accident, Suicide, Homicide

Reported by Md. Republican

Address Annapolis 5-20

Must be signed by physician, if any in attendance, otherwise by coroner, undartaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

John Henry Collins

Died at, Town: Odenton County: Anne Arundel MARYLAND

Date 189 9 Month: Sept Day: 26 Age: Y. 54 M. 7 D. 4 Native of: Maryland Occupation: Day laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: 2

Husband of [redacted] Jeanette Collins

Father's Name: George B Collins Mother's Name: Sarah Collins

Cause of Death — Primary: Paralysis 44 How long sick: 15 month

Immediate: Exhaustion ~~Accident, Suicide, Homicide~~

Reported by: L P Gorman M D

Address: Odenton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65262

Name in Full: Adella Dennis

Certificate of Death

Died at — Town: Parole — County: A A Co — MARYLAND

Date 1899 — Month: Sept — Day: 12 — Age: Y. 27 M. 7 D. 25 — Native of: A A Co — Occupation: Teacher

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of —

Father's Name: Alexander Dennis — Mother's Name: Sadonia Dennis

Cause of Death — Primary: Laffreppe 9 — How long sick: 9 months

Immediate: Consumption of Lungs — ~~Accident, Suicide, Homicide~~

Reported by: Wm Birkby M D

Address: 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by c[illegible], undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

John Russell Downs

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1899 Month 9 Day 7 Age ~~Y.~~ M. 11 ~~D.~~ Native of Md ~~Occupation~~

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ of
~~Wife~~

Father's Name Geo R. Downs

Mother's Name Kate. Anna Holland

Cause of Death
Primary Entero colitis 82
Immediate exhaustion

How long sick 14 weeks

Accident, Suicide, Homicide

Reported by W. Clement Claude M.D.

Address 82 Prince Geo. St.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full — Certificate of Death

Chas Glauzer

Died at Town: Montivideo — County: Anne Arundel — MARYLAND

Date 1899 Month: 9 Day: 8 — Age Y. 53 M. 5 D. 13 — Native of ~~Germany~~ — Occupation Farmer

~~Male~~ / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — Number of children living Seven

~~Wife~~ Husband of Elizabeth Glauzer

Father's Name Henry Glauzer — Mother's Name Mary Glauzer

Cause of Death — Primary: Typhoid Fever — How long sick 11 days

Immediate: Uraemia — Accident, Suicide, Homicide

Reported by R. T. Hammond M. D

Address Jessups Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full #5552

Certificate of Death

Deborra Jubb

Died at Town East Brooklyn, County A. A. Co. MARYLAND

Date 189 9 Month Sept Day 23rd Age Y. 2 M. 0 D. 5 Native of Md Occupation ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ——

Father's Name Wm Jubb

Mother's Name Louisa Jubb

Cause of Death Primary 86

Immediate Membranous Croup

How long sick 24 hours

~~Accident, Suicide, Homicide~~

Reported by Thomas B. Horton M.D.

Address 1 Cedar St. So. Balto. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, ESSEX

Name in Full

Certificate of Death

Littie Morgan

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1899 Month 9 Day 15 Age Y. 3 M. 5 D. 11 Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 152a

Father's Name Samuel Morgan Mother's Name Bistie Hodister

Cause of Death Primary full from Window How long sick 9 Hours

Immediate from Negro Recind Accident, Suicide, ~~Homicide~~

Reported by James S Taylor

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

attended by Dr Geo Wells
information from Clarkes Mother

Name in Full | Certificate of Death

Michael O'Leary

Died at Town: Annapolis — County: Anne Arundel — MARYLAND

Date 1899 Month: September Day: 24 | Age Y. 80 M. — D. | Native of Ireland ~~Washington~~ | Occupation none

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ / Number of children living 2

Husband / Wife of ——

Father's Name ——— | ~~Mother's Name~~ 44

Cause of Death: Primary Paralysis 2 years ago | How long sick last one week

Immediate Paralysis 2d attack - 1 week | Accident, Suicide, Homicide

Reported by H R Walton M D

Address Annapolis Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Recd for record
Sept 26th 1899

Name in Full — Certificate of Death

May Owings

Died at Town: Shady Side — County: Anne Arundel — MARYLAND

Date 1899 Month: Sept Day: 19 — Age Y.: 28 M.: — D.: — — Native of: Md — Occupation: Dressmaker

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living: —

Husband / Wife of: — —

Father's Name: Wallace Owings — Mother's Name: Mary Tydings

Cause of Death — Primary: Diabetes 28 — How long sick: 2 yrs

Immediate: Convulsions — Accident, ~~Suicide~~, ~~Homicide~~

Reported by: Geo. T. Dent, M.D.

Address: Churchton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Ferdinand A Robinson

Died at 3d District (Town) A. Arundel (County) MARYLAND

Date 1899 Month Sept Day 9 Age Y. 19 M. D. Native of Md Occupation clerk

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John A. Robinson Mother's Name 1526

Cause of Death: Primary Murdered. Immediate

~~How long sick~~

~~Accident, Suicide, Homicide~~

Reported by Thomas L. McClelland - Coroner.

Address Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full: Thomas Toodles

Certificate of Death

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month: Sept Day: 15 | Age Y. M. D. | Native of: Md | Occupation: ——

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of ——

Father's Name: Harry Toodles

Mother's Name:

Cause of Death: Primary: Paralysis 44

Immediate: "

How long sick: 10 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Wm. S. Welch M.D.

Address: Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full

Certificate of Death

Charles A. White

Died at Town Annapolis County Anne Arundal MARYLAND

Date 1899 Month 9. Day 27th Age Y. 9 M. 5 ~~D.~~ Native of Md ~~Occupation~~ -

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Augustus White Mother's Name Rose. Morgan

Cause of Death Primary Diphtheria 8a How long sick 7 days

Immediate Paralysis of Heart. ~~Accident, Suicide, Homicide~~

Reported by James S Taylor

Address Annapolis Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

attended by Dr Geo Wells

informed by Dr Wells

Name in Full

Certificate of Death

Mrs Mary E Woodward

Town — County

Died at Annapolis — A. Arundel — MARYLAND

Date 189 — Month: September — Day: 26 — Age: Y. 71 M. D. — Native of: Maryland — Occupation: none

Male / Female — White / Colored — Married / Single / Widow / Widower / Divorced — Number of children living: 2

Husband / Wife of: James Woodward

Father's Name: Geo. Savage — Mother's Name: 43

Cause of Death — Primary: Ramollissement Cerebri — How long sick: 6 mos.

Immediate: Same

Accident, Suicide, Homicide

Reported by: Lt R Walton Annapolis Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Read for record
Sept 26th 1899

Name in Full

Certificate of Death

Albertina Sa Zettler

Died at Town Br South Ballimor County A A Co MARYLAND

Date 189 9 Month 9 Day 22 Age Y. 66 M. yrs D. Native of Germany Occupation House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living None

~~Husband~~ Wife of Albert Zettler

Father's Name

Mother's Name

Cause of Death { Primary Dropsy

Immediate Heart Failure

155 a

How long sick 25 days

Accident, Suicide, Homicide

Reported by J B Robins on M D

Address Brooklyn A A Co Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6606